MAXIMUS Federal Services

Case Number:	CM15-0049467		
Date Assigned:	03/23/2015	Date of Injury:	04/09/2003
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old female, who sustained an industrial injury on 04/09/2003. The injured worker is currently diagnosed as having degenerative disc disease, chronic low back pain, and right sided L4-5 radiculopathy. Treatment to date has included spinal cord stimulator trial x 2, bilateral lumbar medial branch blocks, and medications. In a progress note dated 01/05/2015, the injured worker presented with complaints of low back pain on the right side which radiates down her right leg and states that Tramadol helps with her pain and helps reduced the amount of Norco that she would take. The treating physician reported requesting authorization for Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ultra ER 100mg twice a day as needed #56 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 04/09/2003 and presents with low back pain on the right side which radiates to her right leg. The request is for ULTRAM ER 100 mg twice a day as needed #56 for the lumbar spine. The RFA is dated 02/24/2015, and the patient's work status is not provided. The patient has been taking Ultram as early as 01/28/2015. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The patient is diagnosed with lumbosacral spondylosis without myelopathy, degenerative disk disease of the lumbar spine, and lumbar disk disorder. The 02/13/2015 report states, "She is able to improve function in her activities of daily living including household work, cooking, doing dishes, cleaning, walking approximately 30 minutes with medications." Although ADLs are provided, not all the 4A's are addressed as required by MTUS Guidelines. There are no pain scales describing before-and-after medication usage to document analgesia. There are no discussions provided regarding adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. No urine drug screens are provided to indicate the patient is compliant with the medications prescribed. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Ultram IS NOT medically necessary.